

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>0 2 - 0 0 6</u>	2. STATE: North Dakota
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2002	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: 1824 if the Act, 435.725, 435.733, 435.832	7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> \$ <u>3</u> million b. FFY <u>2003</u> \$ <u>3</u> million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A page 4a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A page 4a

10. SUBJECT OF AMENDMENT:

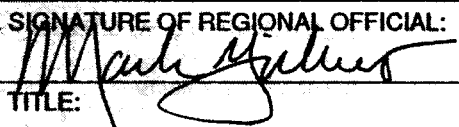
Eligibility - personal needs

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: David J. Zentner Director, Medical Services North Dakota Department of Human Services 600 E Boulevard Ave-Dept 325 Bismarck ND 58505
13. TYPED NAME: David J. Zentner	
14. TITLE: Director, Medical Services	
15. DATE SUBMITTED: January 18, 2002	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: January 25, 2002	18. DATE APPROVED: <u>3/19/02</u>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>JANUARY 1, 2002</u>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Mark Gilbert	22. TITLE: Acting Associate Regional Administrator
23. REMARKS:	

POSTMARK: January 18, 2002

State: North Dakota

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$ <u>50</u> Couples \$ <u>100 (\$50 each)</u></p> <p>For the following persons with greater need: (See Supplement 12)</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children \$ <u>50</u> Adults \$ <u>50</u></p> <p>For the following persons with greater need: (See Supplement 12)</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2 -A</u>. \$ <u>50</u></p>

TN No. 02-006
Supersedes
TN No. 99-008

Approval Date 03/19/02

Effective Date 01/01/02